



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES

Fax Request Form B from Benefit Agency to EOIR

To: Executive Office for Immigration Review This fax consists of _____ pages.
Immigration Court, _____ (insert name of city/state).
Attn: Court Administrator Fax number: _____

This request is being submitted by:

Name (printed): _____ Title: _____

Agency name and address: _____

Fax number: _____ Phone number: _____

Agency case tracking number: _____ (optional)

Item 1: That above-referenced agency requests that EOIR (please check only one).

_____ Verify that the individual referred to on the attached green card (a copy is attached) was granted relief under section 244 (a)(3) (as in effect prior to April 1, 1997) or 240A (b)(2) of the Immigration and Nationality Act.

_____ Verify that the attached order grants relief under section 244 (a)(3) or 240A(b)(2) of the Immigration and Nationality Act.

_____ Verify that EOIR has determined that the Alien has demonstrated a prima facie case for suspension of deportation or cancellation of removal under section 244 (a)(3) or 240A (b)(2) of the Immigration and Nationality Act.

Item 2: If you checked the last item above, please fill out the following information. If the applicant has a copy of a receipt notice or other documentation indicating that he or she filed an application for suspension of deportation or cancellations of removal, please attach a copy.

Benefit Applicant's full name: _____

Benefit Applicant's date of birth: _____

Benefit Applicant's best guess as to when application was filed: _____ (mo/yr)

Benefit Applicant's best guess of the immigration court in which the petition was filed:

Benefit Applicant's address at time of filing petition:
(street address, city, zip code) _____

Date: _____ Agency Signature: _____